

CITY OF FAIRFAX

PLUMBING PERMIT APPLICATION

FIRE DEPARTMENT
OFFICE OF CODE ADMINISTRATION
10455 ARMSTRONG ST. #208
FAIRFAX, VA 22030
(703) 385-7830 WEB: www.FairfaxVA.gov
FAX (703) 385-9265

PERMIT NO. _____
DATE _____
PERMIT FEE _____
INVOICE NO. _____
CARD MADE _____

RE: BUILDING PERMIT # B-_____

I. JOB LOCATION

ADDRESS _____ SUITE# _____
TENANT'S NAME _____

II. NAME OF OWNER

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____

III. PLUMBING CONTRACTOR

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____ FAX NO. _____
VA CONTRACTOR LICENSE # _____ * EXPIRES _____

* A COPY OF THE CONTRACTOR'S VIRGINIA STATE LICENSE MUST BE SUBMITTED

Note: Fixture Unit Fees (tap fees) must be paid before a permit will be issued. See Public Works, Room 200.

A Street-Opening permit will be required for work done in the public right-of-way.

Please contact the Public Works facilities inspector at 703-385-7828.

| | | | | |
|--|---------------|--|--|---------------|
| | Water Lateral | | | Sewer Lateral |
| | Water Tap | | | Sewer Tap |

Please indicate the number of fixtures that are **New**, **Exchanged**, **Removed**, or **Moved**.

| No. | Fixtures | New? Exchange? Remove? Move? | | No. | Fixtures | New? Exchange? Remove? Move? |
|----------------------|-------------------------------|---------------------------------------|--|-----|----------------------------------|---------------------------------------|
| | Water closet/toilet/bidet | | | | Bathtub | |
| | Basin/lavatory | | | | Sink | |
| | Garbage disposal | | | | Shower | |
| | Dishwasher | | | | Urinal | |
| | Drinking fountain | | | | Hose bib | |
| | Laundry tray/tub/sink | | | | Mop sink | |
| | Washing machine/standpipe/box | | | | | |
| Drains | | | | | | |
| | Floor drains/area drain | | | | Grease traps | |
| | Foundation drain | | | | Indirect drains | |
| | Sanitary sewer ejection | | | | Roof drains | |
| Miscellaneous | | | | | | |
| | Water heater | | | | Mixing valve (anti-scald device) | |
| | Back flow prevention device | | | | | |
| | | | | | | |

I hereby certify that I have the authority to make this application, that the information given is correct, and that use, construction and installation shall conform to all applicable laws and regulations enforced by the City of Fairfax. I further certify that if I am acting as an **agent** for a properly licensed contractor, or contractor exempt from registration, I have his/her authority to apply for this application.

Applicant Signature: _____ **Email** _____ **Date** _____

Print Contact Name _____ **Contact phone/fax** _____ **extension** _____

Estimated Cost of Work \$ _____ **Wastewater (Public Works) Approval** _____